



State Water Resources Control Board
Division of Drinking Water

June 7, 2016

System No. 5000134

Mr. Loren Shelton, LOS Coordinator
Department of Transportation, District 10
Cal-Trans Westley Roadside Rest Area
1604 South B Street
Stockton, CA 95205

TRANSMITTAL OF CITATION NO. 01-10-16C-008 FOR TCR MCL FAILURE (May 2016)

Dear Mr. Shelton

The Westley Roadside Rest Area Water System (No. 5000134) violated the Maximum Contaminant Level (MCL) for total coliform bacteria during the month of May 2016, as specified in the Domestic Water Quality and Monitoring Regulations, Chapter 15, Title 22, California Code of Regulations (CCR). The State Water Resources Control Board, Division of Drinking Water (Division) has issued Citation No. 01-10-16C-008, in response to this violation. The citation is being transmitted to Cal-Trans Westley Roadside Rest Area under cover of this letter.

Please respond to the Directives of this Citation by the deadlines established with each item. If you have any questions regarding this Citation, please contact me by email at Bhupinder.Sahota@waterboards.ca.gov or by phone at (209) 948-3881.

Sincerely,

Bhupinder S. Sahota, P.E.
District Engineer, Stockton District
Drinking Water Field Operations Branch

Attachments: Citation No. 01-10-16C-008

Certified Mail No. 7004 2890 0002 0058 1280

R:\DDW\Stockton\Dist10\SSF\Stanislaus County\5000134\2015\Westley Rest Area CIT (01-10-16C-008) Cover Letter 05.2016

1 5000134, for violation of California Code of Regulations (CCR), Title 22, Section
2 64426.1 subsection (b)(2).

3
4 **APPLICABLE AUTHORITIES**

5 **Section 116650 of California Health and Safety Code provides:**

6
7 (a) If the Division determines that a public water system is in violation of
8 this chapter or any regulation, permit, standard, citation, or order issued or adopted
9 thereunder, the Division may issue a citation to the public water system. The citation
10 shall be served upon the public water system personally or by certified mail. Service
11 shall be deemed effective as of the date of personal service or the date of receipt of
12 the certified mail. If a person to whom a citation is directed refuses to accept delivery
13 of the certified mail, the date of service shall be deemed to be the date of mailing.

14 (b) Each citation shall be in writing and shall describe the nature of the
15 violation or violations, including a reference to the statutory provision, standard, order,
16 citation, permit, or regulation alleged to have been violated.

17 (c) A citation may specify a date for elimination or correction of the
18 condition constituting the violation.

19 (d) A citation may include the assessment of a penalty as specified in
20 subdivision (e).

21 (e) The Division may assess a penalty in an amount not to exceed one
22 thousand dollars (\$1,000) per day for each day that a violation occurred, and for each
23 day that a violation continues to occur. A separate penalty may be assessed for each
24 violation.

25
26

1 **California Code of Regulations, Title 22, Section 64426.1, subsection (b)(2)**
2 **provides, in relevant part:**

3

4 (b) A public water system is in violation of the total coliform Maximum Contaminant
5 Level (hereinafter MCL) when any of the following occurs:

6 (2) For a public water system which collects fewer than 40 samples per month,
7 more than one sample collected during any month is total coliform-positive.

8

9 **California Code of Regulations, Title 22, Section 64426, Subsection (a)(3)**
10 **provides, in relevant part:**

11

12 (a) Any of the following criteria shall indicate a possible significant rise in bacterial
13 count:

14 (3) A system fails the total coliform MCL as defined in Section 64426.1.

15

16 **STATEMENT OF FACTS**

17 The Westley Roadside Rest Area water system is operated under the authority of a
18 Domestic Water Supply Permit, No. 03-10-94P-002, granted by the Division on
19 September 20, 1994.

20

21 The Westley Roadside Rest Area water system is classified as a transient, non-
22 community water system. The water supply is obtained from one active well. The
23 well is approximately 1,000 feet deep and has a 50-foot sanitary seal. The well is
24 equipped with a 15-hp submersible pump.

25

26 No treatment is provided on an ongoing basis. The rest area does not have
27 continuous chlorination equipment. However, Cal-Trans provide emergency

1 chlorination during the TCR failures by adding chlorine solution directly in the storage
2 tank.

3
4 In accordance with Table 64423-A, Title 22, CCR, and in accordance with the Cal-
5 Trans Bacteriological Sample Siting Plan dated February 3, 2014, the Cal-Trans
6 collects three samples each week for bacteriological contamination based on visitor
7 count data from previous years.

8
9 On May 2, 2016, the Cal-Trans collected a routine sample for bacteriological quality
10 from the Southbound designated site in the distribution system. Sample was
11 analyzed by GeoAnalytical Laboratories, Inc. Sample collected from Southbound
12 designated site, tested positive for total coliform bacteria. Sample was negative for
13 *E.coli* bacteria.

14
15 On May 3, 2016, Cal-Trans collected three repeat samples for the Southbound side of
16 the rest area and a wellhead sample. All three repeat samples collected on May 3,
17 2016, tested positive for total coliform and negative for *E. coli*. The wellhead sample
18 tested negative for total coliform bacteria.

19
20 On May 4, 2016, Cal-Trans chlorinated the water in the storage tank and posted the
21 "Do Not Drink the Water" signs at appropriate locations in the rest area. For the next
22 few days the Cal-Trans flushed the water system until there was no measurable
23 chlorine residual in the distribution system.

24
25 On May 9, 2016, Cal-Trans collected three repeat samples for the Southbound side of
26 the rest area. All repeat samples, collected on May 9, 2016, tested negative for total
27 coliform and negative for *E. coli*. Again on May 11, 2016, Cal-Trans collected three

1 repeat samples for the Southbound side of the rest area. All repeat samples,
2 collected on May 11, 2016, tested negative for total coliform and negative for *E. coli*.
3 On May 13, 2016, the Division granted approval to the Cal-Trans to remove "Do Not
4 Drink the Water" signs.

5
6 The Cal-Trans collects fewer than 40 samples per month; therefore, more than one
7 positive total coliform sample constitute failure of the total coliform MCL for May 2016,
8 per Section 64426.1(b)(2), Title 22, CCR.

9 10 DETERMINATION

11 The Division has determined that the Cal-Trans Water System failed to comply with
12 the requirements of Section 64426.1(b)(2) due to the fact that the Cal-Trans Water
13 System is in violation of the total coliform MCL because the water system collects
14 fewer than 40 samples per month, and more than one sample collected during the
15 month of May 2016 was total coliform positive. Therefore the Cal-Trans Water
16 System is in violation of Section 64426.1, subsection (b)(2), of the CCR for the month
17 of May 2016.

18 19 DIRECTIVES

20 The Cal-Trans is hereby directed to take the following actions:

- 21
- 22 1. Comply with Title 22, CCR, Section 64426.1 in all future monitoring periods.
 - 23
 - 24 2. By **June 30, 2016**, notify the consumers served by the Cal-Trans in the rest
25 area of the bacteriological quality (Total Coliform Rule) failure in conformance
26 with Section 64463.4 (a)(1), Title 22, CCR. The notification shall be provided
27 in accordance with the following:

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a. Provide written notice of the bacteriological water quality MCL violation by posting of a notice on the drinking water fountains, in the rest rooms, and all other water service areas on both the Northbound and Southbound side of the rest area. The notice shall be posted no later than June 30, 2016, and shall remain posted for at least 7 days.

b. A sample notification form that can be used to satisfy the public notification requirement has already been provided to the Cal-Trans electronically. Within ten (10) days of posting of the notice, Cal-Trans shall submit to the Division a copy of the notification including certification of its posting.

3. By June 30, 2016, the Cal-Trans shall conduct and submit Level 1 assessment in accordance to the Federal revised Total Coliform Rule. A form that should be used to meet this requirement has already been provided to the Cal-Trans electronically.

4. Cal-Trans shall review and update, if necessary, its Disinfection Response Plan that provides step-by-step guidance on responding to bacteriological contamination problems. Plan shall include but not be limited to the initiation of disinfection of the water being distributed and posting of "Do Not Drink the Water" signs at the rest area. In addition, Cal-Trans shall provide its water system operators with training, at least annually, on the implementation of the Disinfection Response Plan.

1
2 **FURTHER ENFORCEMENT ACTION**

3 The California SDWA authorizes the Board to: issue citation with assessment of
4 administrative penalties to a public water system for violation or continued violation of
5 the requirements of the California SDWA or any permit, regulation, permit or order
6 issued or adopted thereunder including, but not limited to, failure to correct a violation
7 identified in a citation or compliance order. The California SDWA also authorizes the
8 Board to take action to suspend or revoke a permit that has been issued to a public
9 water system if the system has violated applicable law or regulations or has failed to
10 comply with an order of the Board; and to petition the superior court to take various
11 enforcement measures against a public water system that has failed to comply with
12 violates an order of the Board. The Board does not waive any further enforcement
13 action by issuance of this citation.

14
15 June 7, 2016

16 Date

14
15 BH Sahota

16 Bhupinder S. Sahota, P.E.,
17 District Engineer, Stockton District
18 Division of Drinking Water
19 State Water Resources Control Board

20
21 Attachments:

- 22 1. Public Notification
23 2. Proof of Notification Form
24 3. Investigation Form
25

26 Certified Mail No. 7004 2890 0002 0058 1280
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Department of Transportation
Westley Road Side Rest Area Water System

August 7, 2014

Dear Customers:

Este informe contiene información muy importante sobre su agua potable. Tradúzcalo o hable con alguien que lo entienda bien.

During the month of July 2014, Westley Roadside Rest Area Water System (No. 5000134) failed the maximum contaminant level (MCL) for total coliform bacteria indicative of the water quality standards for bacteriological quality as prescribed by the California Domestic Water Quality and Monitoring Regulations. Fecal coliform/E. coli were absent in all total coliform positive samples.

The State Water Resources Control Board, Division of Drinking Water (hereinafter "Division") sets drinking water standards and has determined that the presence of total coliform is a possible health concern. Total coliform are common in the environment and are generally not harmful themselves. The presence of these bacteria in drinking water; however, generally is a result of a problem with water treatment or the pipes, which distribute the water, and indicates that the water may be contaminated with organisms that can cause disease. Disease symptoms may include diarrhea, cramps, nausea, and possibly jaundice, and any associated headaches and fatigue. These symptoms, however, are not just associated with disease-causing organisms in drinking water, but may also be caused by a number of factors other than your drinking water. The Department has set an enforceable drinking water standard for total coliform to reduce the risk of these adverse health effects. Under this standard, no more than 5.0 percent of the samples collected during a month can contain these bacteria, except that systems collecting fewer than 40 samples/month that have one total coliform positive per month are not violating the standard. Drinking water, which meets this standard is usually not associated with a health risk from disease causing bacteria and should be considered safe.

The finding of coliform bacteria in routine samples necessitated the issuance of this notice to all consumers of Westley Road Side Rest Area Water System. After additional repeat samples that were negative for coliform bacteria, the water was determined to be safe for drinking.

No further action is required on your part at this time.

Consumers wishing more information should contact the Westley Road Side Rest Area Water System at (209) 948-7530.

Steve Stolp, Maintenance Support Superintendent

Drinking Water Notification to Consumers

PROOF OF NOTIFICATION

Name of Water System: _____

Please explain what caused the problem if you have determined what it was and what steps you have taken to correct it. _____

Consumers Notified _____ Yes _____ No

If not, Explain: _____

Date of Notification: _____

On the date of notification set forth above, I served the above referenced document(s) on the consumers by:

_____ Sending a copy through the U.S. Mail, first class, postage prepaid, addressed to each of the resident(s) at the place where the property is situated, pursuant to the California Civil Code. Attach copy of Notice.

_____ Newspaper (if the problem has been corrected). Attach a copy of Notice.

_____ Personally hand-delivering a copy to each of the consumers. Attach a copy of Notice.

_____ Posted on a public bulletin board, that will be seen by each of the consumers (for small, non-community water systems with prior Division approval). Attach copy of Notice.

I hereby declare the forgoing to be true and correct under penalty of perjury.

Dated: _____

Signature of Person Serving Notice

****Notice:** Complete this Proof of Notification and return it along with a copy of the notification to the Division within 10 days of giving public notice.

Disclosure: Be advised that the California Health and Safety Code states that any person who knowingly makes a false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for each separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by fine of not more than twenty-five thousand dollars (\$25,000) for each day of violation, or be imprisoned in county jail not to exceed one year or by both the fine and imprisonment.

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT Simple Systems with a Well and Storage/Pressure Tank and No Treatment



This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

ADMINISTRATIVE INFORMATION

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:	System Type:		
Operator in Responsible Charge (ORC)	Person that collected TC samples if different than ORC		
System Owner	Certified Laboratory for Microbiological Analyses		
Date Investigation Completed:	Month(s) of Coliform Treatment Technique Trigger:		

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report									
a. Is raw water sample tap upstream from point of disinfection?									
b. Is wellhead vent pipe screened?									
c. Is wellhead seal watertight?									
d. Is well head located in pit or is any piping from the wellhead submerged?									
e. Does the ground surface slope towards well head?									
f. Is there evidence of standing water near the wellhead?									
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)									
h. Is the wellhead secured to prevent unauthorized access?									
i. How often do you take a raw water total coliform (TC) test?									
j. Provide the date and result of the last TC test at this location									

STORAGE

	WELL (name)	WELL (name)	WELL (name)	WELL (name)	TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?									
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?									
3. Is the overflow on each tank screened?									
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?									

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

Simple Systems with a Well and Pressure Tank and No Treatment

STORAGE	TANK (name)	COMMENTS				
5. Is the roof/cover of the tank sealed and free of any leaks?						
6. Is the tank above ground or buried?						
a. If buried or partially buried, are there provisions to direct surface water away from the site.						
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?						
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?						
8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today?						
9. What is the volume of the storage tank in gallons?						
10. Is the tank baffled?						
11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?						

PRESSURE TANK	TANK (name)	COMMENTS				
1. What is the volume of the pressure tank?						
2. What is the age of the pressure tank?						
3. Is the pressure tank bladder type or air compressor type?						
4. Did the pressure tank(s) deviate from normal operating pressure?						
5. Is the compressor pump running more often than normal?						
6. Is the tank bladder broken and the tank water logged?						
7. Is the tank(s) damaged, rusty, leaking, or has holes?						
8. Was there any recent work performed?						
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?						
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?						

DISTRIBUTION SYSTEM	SYSTEM RESPONSES				
1. What is the minimum pressure you are maintaining in the distribution system?					
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the total coliform positive finding?					
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.					

REVISED TOTAL-COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

DISTRIBUTION SYSTEM	SYSTEM RESPONSES			
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?				
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?				
6. If there was a mainline leak, when was it repaired?				
7. On what date was the distribution system last flushed?				
8. Is there a written flushing procedure you can provide for our review?				
9. Do you have an active cross connection control program?				
10. What is name and phone number of your Cross-Connection Control Program Coordinator?				
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?				
12. On what date was the last physical survey of the system done to identify cross-connections?				
SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 th Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP) as a routine or repeat site?				
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?				
11. What were the weather conditions at the time of the positive sample (rainy, windy, sunny)?				

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

GENERAL OPERATIONS:	Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.	
2. Does the water system have a written sampling procedure and was it followed?	
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?	
5. Does the system have backup power or elevated storage?	
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
7. What were the symptoms of illness if you received complaints about customers being sick?	

SUMMARY: Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

Deficiency #	Deficiency Description
1.	
2.	
3.	
4.	
5.	

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

Deficiency #	Corrective Action	Completion/Proposed Date
1.		
2.		
3.		
4.		
5.		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM
Simple Systems with a Well and Pressure Tank and No Treatment

Page 5 of 5

CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: _____ **TITLE:** _____ **DATE:** _____

Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.